

Required information for enrollee handbook

1. The 24-hour per-day phone number which can be used for assistance in obtaining emergency care or for prior authorization
2. Information on covered services including amount, duration, and scope available through the MCO
3. A Provider directory listing local participating providers, location of facilities, and information on how to choose a participating provider
4. Hours of service availability including after-hours and emergency coverage
5. Informal and formal grievance appeal procedures including timeframes, the processes for filing a grievance, appeal rights to the NDDHS to challenge the failure of the MCO to cover a service, and the right to access the NDDHS fair hearing process
6. Voluntary and special disenrollment policies
7. Health Tracks policies
8. Family planning policies
9. Policies and rules on the use of emergency and urgent care facilities, and post-stabilization services
10. Limited MCO liability for services from non-participating providers and benefits available under the State plan but not covered by MCO
11. Procedures for obtaining benefits, including authorization requirements and the appropriate use of health care services in a managed care system
12. A written description of treatment policies and any restrictions or limitations on services
13. Rights and responsibilities of members
14. Contractor's policy on referrals for specialty care

15. Procedures for changing practitioners
16. Enrollee rights
17. Restrictions on the enrollee's freedom of choice among network providers
18. Cost sharing
19. Information on how to obtain continued services
20. Additional information that is available upon request, and how to request that information.